

U.S. Department of Labor

Office of Inspector General

For Official Use Only (When Completed)

1. Date of
Report2. Agency Designation Code (Yr.)
(Agency) (Report No.)3. File Number
(For IG Use)

4. Type of Report

Initial

Supplemental

Final

Other

(Specify) _____

5. Type of Incident

Conduct Violation

Criminal Violation

Program Violation

6. Allegation against

DOL Employee

Contractor

Grantee

Other

(Specify) _____

Given name and position of employee(s), contractor(s), grantee, etc. List telephone number, OWCP or other Claim File Number, if applicable and other identifying data:

7. Locaiton of incident (Give complete name(s) and addresses of organization(s) involved)

8. Date and time of incident/discovery

9. Source of complaint

Public

Contractor

Grantee

Program
Participant

Audit

Investigative Law Enforcement Agency (Specify)

Other (Specify)

Give name and telephone number so additional information can be obtained.

10. Contacts with law enforcement agencies (Specify name(s) and agency contacted and results)

11. Expected concern to DOL

Local

Regional

National

Media Interest

Executive Interest

Other (Specify)

12. DOL Agency Involved

SECY

ESA

ETA

ILAB

MSHA

OASAM

OIG

OPA

OSBA

OSHA

SOL

ASP

BLS

WB

OCFO

EBSA

Other (Specify)

Amount of Grant or contract
(if known)

\$

Amount of Sub-Grant of Subcontract
(if known)

\$

13. Persons who can provide additional information (Include custodian of records)

Name

Grade

Position Job Title

Local address (Street, City, State) or organization, if employed and Telephone Number

Enter one of these Codes into the "Employment" field below. U-Unemployed, G-Grantee, C-Contractor, D-DOL, F-Other Federal Employee, P-Program Participant or Claimant

Employment

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14. Synopsis of Incident

15. Typed Name and Title of Responsible Official

16. Signature of Responsible Official

17. Copies furnished to

18. Attachments: (List)